



Youth CAMP Clearance System (YCCS)

Training Slide Deck – Camp Employees / Volunteers

April 26, 2017



myDHR – Registration / Login



- Public User registers online with myDHR and logs in to apply for summer CAMP Clearance



Department of HUMAN RESOURCES

Home Español Other Languages Help Sign In

myDHR Account Sign In

Email •
test@hotmail.com

Password •
••••••••

☐ Remember my email on this device

Sign In

Accessing Youth Camp Application



- Public User registers online with myDHR and logs in to apply for summer CAMP Clearance>clicks on **YOUTH CAMP APPLICATION** button to apply for Clearance

A screenshot of the myDHR account page. At the top, there is a navigation bar with links for 'Home', 'Español', 'Other Languages', and 'Help', followed by a user profile icon. Below this, the header reads 'Department of HUMAN RESOURCES'. A personalized greeting 'Hello, [redacted]!' is followed by a welcome message: 'Welcome to your personal myDHR Account Page. Use the helpful features below to manage your account, apply for DHR services, monitor your case status(es), manage your case activity, and more!'. A horizontal menu contains 'Home', 'Messages', 'Applications', 'Cases', and 'Account'. Under the 'Start a New Application' section, three green buttons are displayed: 'Family Investment', 'Child Support', and 'YOUTH CAMP Application'. The 'YOUTH CAMP Application' button is circled in red. Below the buttons, a blue box contains the text: 'Hover over the buttons above for a brief description of the application.'

Creating a New Application Cont...



- YCCS - Application Types
 - Youth CAMP Worker/Volunteer
 - Youth CAMP Personnel Administrator

State of Maryland-Child Protective Services Program
CONSENT FOR RELEASE OF INFORMATION
CPS BACKGROUND/ADAM WALSH BACKGROUND CLEARANCE REQUEST

PLEASE COMPLETE THIS FORM ON LINE AND THEN PRINT

Part 1: **PURPOSE OF SEARCH**
A. RELEASE TO SELF:

☐ 1. To determine if I have been found responsible for an "indicated" disposition for a child abuse or neglect investigation.

☐ 2. To determine if I have any remaining appeal rights.

B. RELEASE TO AN AGENCY/INDIVIDUAL RELATED TO:

<input type="radio"/> Adoption	<input type="radio"/> Institutional Employee	<input type="radio"/> Community Mgmt. Entity
<input type="radio"/> Foster Care	<input type="radio"/> CASA	<input type="radio"/> Group Home/Residential Treatment Facility
<input type="radio"/> Kinship Care	<input type="radio"/> Custody Evaluation	<input type="radio"/> Youth Camp Personnel Administrator*
<input type="radio"/> International Adoption	<input type="radio"/> Day Care Center	<input type="radio"/> Youth Camp Worker/Volunteer*
<input type="radio"/> School Personnel	<input type="radio"/> Family Day Care	<input type="radio"/> Other (Specify)

County *

City *

Agency/Individual Name *

Name Of Agency Representative

Agency Address

Representative's Phone Number

Representative's Email

Have you lived in Maryland in the past? ☐ Yes ☐ No

Have you worked or volunteered in Maryland in the past? ☐ Yes ☐ No

Creating a New Application Cont...



- Public User fills in the Application online>selects the CAMP County, City and the associated CAMP Site for the Youth Camp Worker/Volunteer role

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State of Maryland-Child Protective Services Program
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- | | | |
|--|--|---|
| <input type="radio"/> Adoption | <input type="radio"/> Institutional Employee | <input type="radio"/> Community Mgmt. Entity |
| <input type="radio"/> Foster Care | <input type="radio"/> CASA | <input type="radio"/> Group Home/Residential Treatment Facility |
| <input type="radio"/> Kinship Care | <input type="radio"/> Custody Evaluation | <input type="radio"/> Youth Camp Personnel Administrator* |
| <input type="radio"/> International Adoption | <input type="radio"/> Day Care Center | <input checked="" type="radio"/> Youth Camp Worker/Volunteer* |
| <input type="radio"/> School Personnel | <input type="radio"/> Family Day Care | <input type="radio"/> Other (Specify) |

County *

Howard County

Agency/Individual Name *

Y CAMP AT DANCEL

Agency Address

4331 MONTGOMERY RD , ELLICOTT CITY, MD, 21043

Representative's Email

██████████@hotmail.com

City *

ELLICOTT CITY

Name Of Agency Representative

Camp Admin

Representative's Phone Number

3213213213

Creating a New Application Cont...



- Public User responds “Yes” or “No” to the following questions on the Application>If “Yes”, user enters the duration
 - Have you lived in Maryland in the past?
 - Have you worked or volunteered in Maryland in the Past?

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State of Maryland-Child Protective Services Program
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☐ Adoption ☐ Institutional Employee ☐ Community Mgmt. Entity

☐ Foster Care ☐ CASA ☐ Group Home/Residential Treatment Facility

☐ Kinship Care ☐ Custody Evaluation ☐ Youth Camp Personnel Administrator*

☐ International Adoption ☐ Day Care Center ☒ Youth Camp Worker/Volunteer*

☐ School Personnel ☐ Family Day Care ☐ Other (Specify)

County *
Howard County

City *
ELLICOTT CITY

Agency/Individual Name *
Y CAMP AT DANCEL

Name Of Agency Representative
Camp Admin

Agency Address
4331 MONTGOMERY RD., ELLICOTT CITY, MD, 21043

Representative's Phone Number
3213213213

Representative's Email
[REDACTED]@hotmail.com

Have you lived in Maryland in the past? ☒ Yes ☐ No

Have you worked or volunteered in Maryland in the past? ☐ Yes ☒ No

If Yes to either question, from what years

Back Next

Creating a New Application Cont...

- Public User fills in the search information in Part 2 of the Application
- Public User must respond to the marital status question ***Are you married?*** on the Application>If “Yes”, user enters Spouse information

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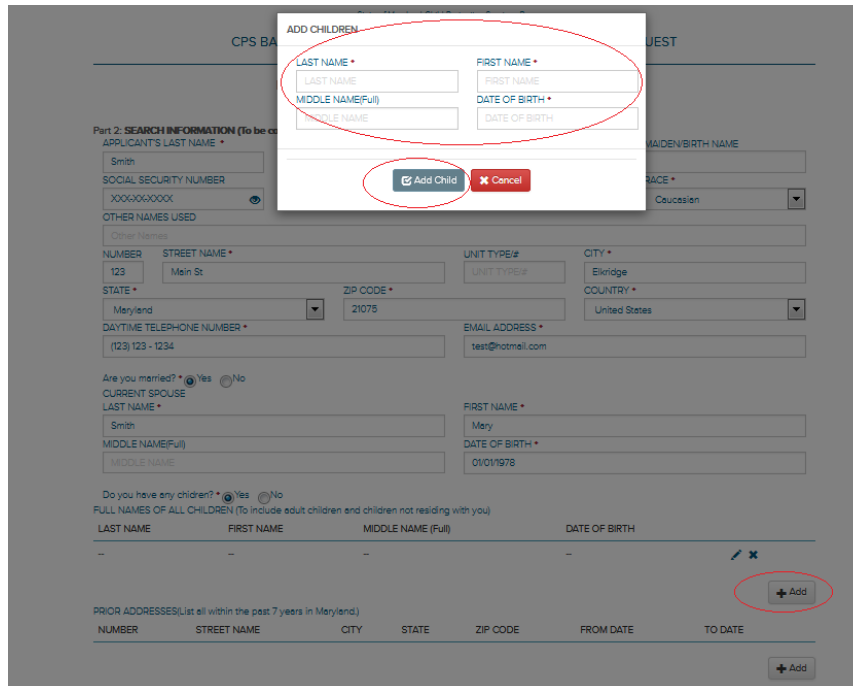
PLEASE COMPLETE THIS FORM ON LINE AND THEN PRINT

Part 2: SEARCH INFORMATION (to be completed in full by individual whose name is being searched)

APPLICANT'S LAST NAME *	FIRST NAME *	MIDDLE NAME (Full)	MAIDEN/BIRTH NAME
Smith	John	middle Name	
SOCIAL SECURITY NUMBER	Date Of Birth *	SEX	RACE *
XXX-XX-XXXX	01/01/1977	<input checked="" type="radio"/> Male <input type="radio"/> Female	Caucasian
OTHER NAMES USED			
Other Names			
NUMBER	STREET NAME *	UNIT TYPE/#	CITY *
123	Main St	UNIT TYPE/#	Elkridge
STATE *	ZIP CODE *	COUNTRY *	
Maryland	21075	United States	
DAYTIME TELEPHONE NUMBER *		EMAIL ADDRESS *	
(123) 123 - 1234		test@hotmail.com	
Are you married? * <input checked="" type="radio"/> Yes <input type="radio"/> No			
CURRENT SPOUSE			
LAST NAME *		FIRST NAME *	
Smith		Mary	
MIDDLE NAME(Full)		DATE OF BIRTH *	
MIDDLE NAME		01/01/1978	

Creating a New Application Cont...

- Public User must respond to the marital status question ***Do you have any children?*** on the Application>If “Yes”, user enters Children information by clicking “Add”









The screenshot shows a web application form for CPS BA. A modal window titled "ADD CHILDREN" is open in the center, containing fields for "LAST NAME", "FIRST NAME", "MIDDLE NAME(Full)", and "DATE OF BIRTH". Below these fields are two buttons: "Add Child" (with a plus icon) and "Cancel". The background form is partially visible, showing sections for "Part 2: SEARCH INFORMATION", "APPLICANT'S LAST NAME" (Smith), "SOCIAL SECURITY NUMBER" (XXXXXX), "OTHER NAMES USED", "NUMBER" (123), "STREET NAME" (Main St), "UNIT TYPE/#", "CITY" (Elkridge), "STATE" (Maryland), "ZIP CODE" (21075), "DAYTIME TELEPHONE NUMBER" ((123) 123 - 1234), "EMAIL ADDRESS" (test@hotmail.com), "Are you married?" (Yes/No), "CURRENT SPOUSE" (Smith), "FIRST NAME" (Mary), "DATE OF BIRTH" (01/01/1978), "Do you have any children?" (Yes/No), "FULL NAMES OF ALL CHILDREN", and "PRIOR ADDRESSES". The "Add Child" button in the modal and the "Add" button in the "PRIOR ADDRESSES" section are circled in red.

Saving the New Application

- Public User completes the online Application and clicks SAVE

Part 2: SEARCH INFORMATION (To be completed in full by individual whose name is being searched)

APPLICANT'S LAST NAME *	FIRST NAME *	MIDDLE NAME (Full)	MAIDEN/BIRTH NAME			
Smith	John	middle Name				
SOCIAL SECURITY NUMBER	Date Of Birth *	SEX	RACE *			
XXX-XX-XXXX	01/01/1975	<input checked="" type="radio"/> Male <input type="radio"/> Female	Caucasian			
OTHER NAMES USED						
Other Names						
NUMBER	STREET NAME *	UNIT TYPE/#	CITY *			
123	Main Street	UNIT TYPE/#	Elkridge			
STATE *	ZIP CODE *	COUNTRY *				
Maryland	21075	United States				
DAYTIME TELEPHONE NUMBER *		EMAIL ADDRESS *				
(123) 123 - 1234		test@hotmail.com				
Are you married? * <input checked="" type="radio"/> Yes <input type="radio"/> No						
CURRENT SPOUSE LAST NAME *		FIRST NAME *				
Smith		Mary				
MIDDLE NAME(Full)		DATE OF BIRTH *				
MIDDLE NAME		01/01/1976				
Do you have any children? * <input checked="" type="radio"/> Yes <input type="radio"/> No						
FULL NAMES OF ALL CHILDREN (To include adult children and children not residing with you)						
LAST NAME	FIRST NAME	MIDDLE NAME (Full)	DATE OF BIRTH			
Smith	Tony		January 01, 2011			
 						
						
PRIOR ADDRESSES(List all within the past 7 years in Maryland.)						
NUMBER	STREET NAME	CITY	STATE	ZIP CODE	FROM DATE	TO DATE
						
						

New Application – Conformation and Print



- Application # is generated which is displayed in message. Please make a note of this application #
- Application sent to the selected CAMP Personnel Administrator queue
- Public User can download pdf copy of the Application clicking “Download”.
- Print the downloaded Application to get it Notarized and submit the Original to the Camp Personnel Administrator.

Your application has been succesfully saved.

Please use the application number C201744341 for future reference.

Please view/download the application using the 'DOWNLOAD' button below.



Help / Support Information

